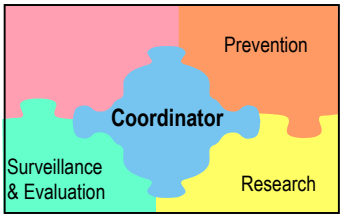

"The LiverWorks"
News of the Viral Hepatitis Integration Projects
And Hepatitis C Coordinators
Volume V June 2002

News From the "Front"
VHIP Updates

Indian Health Service

Welcome to new CDC/IHS staffer and
***Program Contact: John Redd, MD, MPH**
John.Redd@email.ihs.gov

Navajo Hepatitis/STD/HIV Integration Project

Contact: Angie Evans, RN (505) 722-2177

The Hepatitis/STD/HIV integration project at Na'Nizhoozhi Center (NCI) has been underway since November 2001. The project site is located in Gallup, NM, and annually serves around 17,500 Native Americans with chronic alcohol abuse and co-existing mental health disorders. Incorporation of Native traditional healing methods and teachings has added to the Center's success in the fight against alcoholism.

Prevention education, testing, and vaccination for hepatitis and other STDs have been the focus of the Project. As of April 24th, 2002, NCI has provided prevention education to 1,600 people. There have been 54 HIV, 108 hepatitis (A, B, and C panel) and 105 syphilis tests performed. Hepatitis B vaccine has been given to 48 persons, 12 of whom have returned for their second dose. As of March 31st, the site has identified three individuals with antibodies to hepatitis C virus, two with hepatitis B markers, and 56 with antibodies to hepatitis A virus; three with syphilis, and one new case of HIV. In late February 2002, testing for chlamydia was added to the projects services. One person has tested positive for chlamydia.

In conjunction with the IHS TB Clinic, the project will be referring clients who have never been tested for TB.

Ongoing improvements to the existing systems continue. Input from the project's collaborators and the project officer assist in improving the service delivery. We hope to increase the number of clients being tested and maintain the prevention education.

NCI project staff would like to extend appreciation to our collaborators, the New Mexico Public Health Department, IHS, Navajo Nation Social Hygiene Program and the New Mexico State Laboratory for their support and encouragement! Special thanks to our outgoing Project Officer, Doug Thoroughman, and CDC/IHS assignee Laura Shelby. Also, thanks to Sally Vink, Robert Livingston and Rosanne Brown. Thank you for your support!!

Seattle Indian Health Board Hepatitis/STD/HIV Integration Project

Contact: Crystal Tetrick, MPH (509) 324-9360

The Seattle Indian Health Board (SIHB) is an urban Indian community clinic funded in part by the Indian Health Service (IHS) under Title V of the Indian Health Care Improvement Act. The SIHB operates from three facilities: Pearl Warren Building, housing administrative functions and the Urban Indian Health Institute, Leschi Center housing outpatient clinical services, and the Thunderbird Treatment Center, housing residential chemical dependency treatment services. Outpatient clinical services include a medical clinic (with confidential

HIV testing), lab, pharmacy, dental clinic, WIC/nutrition services, mental health services and adolescent intervention/outpatient and adult outpatient chemical dependency treatment programs. Residential treatment includes adolescent intensive treatment and adult long-term, intensive and recovery treatment. An on-site medical unit is also housed at Thunderbird Treatment Center.

SIHB is moving ahead with its VHIP project. Peggy Meharry, a dedicated nurse, was hired in February 2002 to coordinate the integration of viral hepatitis screening, testing, and counseling services for the in-resident chemical dependency (CD) population at the Thunderbird facility.

Screening and testing for hepatitis A, B and C began in March. We are currently collecting base-line data. Beginning in June, we will be implementing a brief intervention in the form of written materials, one-on-one education and group education sessions to increase CD patient's knowledge about the risk of viral hepatitis and ways to prevent transmission. Our goal is to increase the number of CD clients who request testing.

Peggy Meharry, working closely with an interdisciplinary team, has coordinated several in-service trainings for the medical and CD staff at SIHB on viral hepatitis using local experts. New procedures have been developed including a new hepatitis C screening protocol and a counseling plan for giving test results. We anticipate gathering some very useful data over the next three months about the prevalence of viral hepatitis among our in-resident CD population.

Montana

***Program contact:** Marcie Eckerson and Joyce Burgett meckerson@state.mt.us and jburgett@state.mt.us

Progress has been made in several areas addressing hepatitis C, including:

1) Incorporation of HCV screening and counseling into our HCV/STD Programs "Standards of Care" policy; 2) formation of an HCV Advisory Committee to oversee a needs assessment and state prevention strategy; 3) HCV screening, counseling, education, and vaccination is now offered to all incoming residents to our State funded Montana Chemical Dependency Center; and 4) all HCV positive inmates in our correctional system are being offered the combination hepatitis A and B vaccine. If the series is not completed prior to release, needed doses will be transferred to the county to which the person will return.

The combination hepatitis vaccine is now offered to HCV positive residents in our six largest counties - including Yellowstone.

Minnesota (MDH)

***Program Contact:** Felicia Fong
felicia.fong@health.state.mn.us

The Tribal Nations and MDH are cultivating a collaborative relationship to address hepatitis issues within each sovereign nation statewide. MDH was invited to give a presentation on HCV at the 1st Annual MN Indian Health Conference, May 2002.

Participation on MN Department of Corrections (DOC) HCV advisory committee continues to help formulate guidelines for HCV prevention and control.

Vaccine tracking database options for MN DOC are being explored.

The HCV and HBV surveillance systems are being evaluated and streamlined, and development of a web-based surveillance system for HCV is being researched. The revised system will be NEDDS compliant and will have the potential for being easily linked to other databases for determining co-infection rates. Work on assimilating patient-based electronic lab reporting data

into our HCV surveillance systems continues. In conjunction with the NEDDS group and ELR enrollees, we are attempting to develop algorithms to have all pertinent HCV-related-tests reported for HCV positive individuals.

As an easily accessible reference, HAV, HBV and HCV fact sheets and algorithms are being compiled for the MN Disease Control Newsletter to help clarify diagnostic criteria, laboratory interpretations, reporting expectations and follow-up procedures for clinicians.

In collaboration with a local public health partner, HCV and HBV seroprevalence data on the MN refugee population will be analyzed.

From lab survey data collected by the bioterrorism unit, capacity for HCV testing is being evaluated.

New Mexico

Program Contact: Karen Gonzales
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The New Mexico Hepatitis Prevention Program (HPP) is actively engaged in several activities to increase the awareness and prevention of viral hepatitis among high-risk populations.

HIV Counseling and Testing risk assessment forms have been revised to include hepatitis testing as a reason for seeking service. Daily intake forms for syringe exchange programs have also been revised to detail whether hepatitis testing or immunizations were administered.

Beginning April 1, 2002, the HPP began purchase and distribution of adult hepatitis A and B vaccine and HBIG for high risk populations at public health STD clinics, syringe exchange (SE) sites, and to support public health outreach to correctional facilities and treatment centers. Currently, New Mexico has 26 syringe exchange sites that service approximately 6000 individuals.

In September 2001, a Protocol for Viral Hepatitis Testing and Immunization was created to define high-risk populations and standardize delivery of service. Under this protocol, people at highest risk for past infection or contracting hepatitis are defined as current or past intravenous drug users (IDU), men who have sex with men (MSM), hepatitis C positive individuals, persons from endemic areas (A), persons who received a tattoo in prison (B, C), heterosexual persons with multiple sex partners or persons who have been diagnosed with a sexually transmitted disease (B), and sex partners who have been exposed to acute cases of hepatitis B.

New Mexico Office of Epidemiology continues to develop and maintain a Hepatitis C Registry and track hepatitis A and B cases. Currently there are approximately 19,700 persons listed in the registry. Sixty-four percent (64%) of the cases were reported from health district 1, the northeastern quadrant of the state. Health districts 2-4 comprise 11-14% of the reported cases.

The HPP is actively engaged in a social marketing campaign to increase the awareness of viral hepatitis, especially hepatitis C, among IDUs. The program is in the process of conducting focus groups to determine the types of media the target population best respond to. The project will take place in Bernalillo and Rio Arriba counties with a control group in San Miguel county. Success of the project will be measured by increase in demand of hepatitis counseling, testing, and immunization service requests in public health STD clinics and at syringe exchange sites.

In support of these efforts the Immunization Program hired 3 contract nurses to support the increase in hepatitis testing and immunization at SE sites and in STD clinics as needed.

The New Mexico HPP has sponsored two initiatives to educate the general community on hepatitis prevention. The “Take Care” campaign supplied private providers with

copies of the Viral Hepatitis Testing and Immunization Protocol as well as educational pamphlets and wallet cards for their high-risk clients. The second project, the hepatitis web page, is designed to provide general information on hepatitis and healthier behavior, hepatitis resources, a forum to ask medical professionals hepatitis questions, online education and training courses, password-protected rooms for online consultation, meetings, and workgroups, and calendar of national hepatitis events. The web page can be found at www.heatlhlinknm.org/nmhepline

New York City Department of Health (NYCDOH)

Program Contact: Karen Schlanger
kschlang@health.nyc.gov

The NYCDOH is working on a number of exciting new hepatitis C initiatives.

Hepatitis C Video:
A 20-minute educational film has just been completed for people newly diagnosed with hepatitis C. It is called "Living with Hepatitis C". The film includes interviews of people living with hepatitis C discussing their experiences and coping strategies, and providers discussing the basics on diagnosis, treatment, care and support. HIV/HCV co-infection and harm reduction are also addressed. The video will be distributed to drug and alcohol treatment programs, harm reduction programs, hepatitis C treatment facilities, correctional facilities, HIV service organizations and others, along with copies of a brochure, currently under development. Hepatitis C Coordinators and VHIP projects will be notified about ordering information in the near future.

Patient Education:
The Communicable Disease Program is working on two new initiatives to provide a minimum of patient education and data in a city with extremely high HCV case-loads:

1. Mailing educational materials to thousands of individuals reported yearly to the Department with positive confirmatory HCV test results. The materials provide basic information on hepatitis C and encourage patients to seek medical evaluation, get vaccinated for hepatitis A and B, avoid alcohol, and seek drug and alcohol treatment if needed.
2. A pilot to ascertain if people with hepatitis C are receiving medical care as recommended (e.g., hepatitis vaccine, counseling about alcohol, evaluation for liver disease). Twenty percent of people with reported confirmatory HCV test results are being contacted. Referrals are provided to those who have not yet received services and educational materials are mailed to all.

Viral Hepatitis Integration Project:
The NYCDOH VHIP project (integration of hepatitis services into a large STD/HIV testing and counseling clinic in Manhattan) is in its third year and going strong. We have recently changed clinic protocol to focus provision of hepatitis A and B vaccine and C testing on the highest risk patients and have limited hepatitis B screening to men who have sex with men and people with a history of injection drug use (IDU). We are also more actively promoting the clinic services among IDU populations after it was recently determined that many people with an IDU history are coming to the clinic specifically for hepatitis services and that these individuals are also benefiting from other STD services offered (25% have active STDs). Funding is being sought to expand services to a large STD/HIV testing and counseling clinic in Brooklyn.

Oregon/Multnomah County

Program Contact: Virginia Schmitz
virginia.s.schmitz@co.multnomah.or.us

The educational component of the VHIP has begun moving at full speed with the hiring of our HIV/Hepatitis C Health Educator,

Jessica Guernsey, MPH. Since she came on board in July 2001, Jessica, along with our Hep C Social Worker, Alison Goldstein, has developed several training curricula for various audiences, including staff and clients of community based organizations/ partners and the Health Department. These include:

- Capacity Building Trainings (CBT): This monthly skill building session includes an overview of how the liver works and the impact of hepatitis C; strategies for multi-infection disease prevention; suggestions on how to begin a client education or support group; and an introduction to Motivational Enhancement skills to increase multi-infectious disease prevention strategies.

- One-Time Capacity-Building Training: Provided on a case-by-case basis to community-based organization staff that have the same client base but can't attend the full CBT (above).

- Hepatitis Education Network: Following a survey conducted in May 2001, HEN trainings were initiated to provide frontline staff of the STD Clinic (DIS, CTS) and the HIV Prevention & Outreach team with additional hepatitis C information and education. Meeting bimonthly, the group is now standardizing key prevention and care core messages that are used consistently throughout the programs. Efforts are ongoing to increase staff's ability to employ Motivational Enhancement strategies and prevention case management.

- Client Education Classes: Starting in January 2002, in collaboration with a physician's assistant and an addictions specialist, Hep C staff facilitates monthly Hep C Education Classes for clients who have tested HCV positive; interested family members, friends and/or caregivers are also welcome. Since most clients who test positive are looking for more information on the disease itself, this one-time-only class covers how the liver works, basics of Hep C, its impact on the body, steps to improve liver health and a review of community resources.

- Post-test Education Class for Inmates at Multnomah County Inverness Jail: This weekly session, initiated in October, 2001, is offered to clients who have been tested for hepatitis C but do not necessarily know their status. The purpose is to provide education, dispel myths and provide a link to social work case management post incarceration. Inmates are also advised to go to the STD Clinic upon release to get vaccinated for hepatitis A and B.

The social work component of the program continues to expand; Alison Goldstein has seen nearly 190 new and follow-up clients at the STD Clinic. Clients continue to be predominately white males with IDU history (approximately 90% are active in their drug and/or alcohol addiction), between 30-39 years of age, in transitional or unstable housing with some to little knowledge of HCV at first encounter.

The Hepatitis C Community Planning Group began meeting in September 2001 and is currently working on developing a needs assessment survey for Hep C prevention, care and treatment issues in Multnomah County. It is anticipated that the survey will be completed by the end of summer and distributed September 1. Results are expected to be available for the November meeting.

The Hepatitis C Coordinators' Bulletin Board

"Welcome to New Coordinators"

Welcome to Louisa Castrodale, Karla Hays, Hal Chase, Alice Ho, Meleisha Edwards, Randal Wolfe, and Kathy Cohen, all on board since the January newsletter. A total of 48 state and local health departments are now funded for a hepatitis C coordinator.

We are sorry to see Elton Mosher, Montana's hepatitis coordinator, depart for other adventures. We wish you the best, Elton.

Hepatitis C Coordinators

State	Coordinator
Alabama	TBD
Alaska	Louisa Castrodale
Arizona	Roxanne Ereth
Arkansas	TBD
California	Lori Fries
Chicago, IL	Corinna Dan
Colorado	Mauricio Palacio
Connecticut	Andrea Poirot
Delaware	TBD
Florida	Sandy Roush
Georgia	TBD
Hawaii	Karla Hays
Idaho	Kathy Cohen
Illinois	TBD
Indiana	TBD
Iowa	Hal Chase
Kansas	Kristine Brunton
Louisiana	Theresa Sokol
Maine	Mary Kate Appicelli
Maryland	TBD
Massachusetts	Daniel Church
Michigan	Kim Kirkey
Minnesota	Felicia Fong
Mississippi	TBD
Missouri	Thomas Ray
Montana	TBD
Nebraska	TBD
Nevada	TBD
New Hampshire	TBD
New Jersey	TBD
New Mexico	Karen Gonzales
New York City	Karen Schlanger
New York State	Colleen Flanigan
North Carolina	TBD
Ohio	TBD
Oklahoma	Angela Horning
Philadelphia, PA	Alice Ho
Rhode Island	Lorraine Moynihan
S. Carolina	Robert Ball
Tennessee	Meleisha Edwards
Texas	Gary Heseltine
Utah	TBD
Vermont	TBD
Washington	TBD
Washington DC	TBD
W. Virginia	Thein Shwe
Wisconsin	Marjorie Hurie
Wyoming	Randal Wolfe

What is Role of a Hepatitis C Coordinator?

Occasionally, we are asked this question, and here is the description that is contained in the **Epidemiology and Laboratory Capacity (ELC) for Infectious Diseases Cooperative Agreement, Hepatitis Prevention and Control.**

"The hepatitis C coordinator will seek to establish a focus in the health department responsible for the management, networking, and technical expertise required for successful integration of hepatitis C prevention and control activities into existing disease surveillance activities and programs for the prevention of bloodborne viral infections. Activities may include: 1) identifying public health and clinical activities in which HCV counseling and testing should be incorporated; 2) ensuring training of health care professionals in effective hepatitis C prevention activities; 3) developing the capacity to provide HCV testing through public health or private diagnostic laboratories; 4) identifying the resources for hepatitis A and hepatitis B vaccination of at-risk persons; 5) identifying sources appropriate for medical referral of HCV positive persons; 6) ensuring

appropriate surveillance for HCV infection which links to evaluation of program activities, and; 7) evaluating the effectiveness of HCV prevention activities". We hope that, as part of the National Strategy for Prevention and Control of Viral Hepatitis, Hepatitis C Coordinators will work closely with HIV, STD, immunizations, corrections, substance abuse, and other relevant programs serving adolescents and adults at high risk for viral hepatitis (A, B, and C) to help reduce morbidity and mortality from all these diseases.

Chicago Department of Public Health

Contact: Corinna Dan
dan_corinna@cdph.org

The Hepatitis C Virus Program at the Chicago Department of Public Health has been working to develop this new program in several priority areas:

1) Assess resources in Chicago for HCV and increase awareness of hepatitis testing, treatment and services through additional listing in the Chicago Area HIV Services Directory.
2) Provide training for agencies to improve HCV services as needed at outside agencies and through existing CDPH training activities; trainings currently being conducted on hepatitis A, B & C and hepatitis integration.
3) Train CDPH staff in neighborhood health centers, STD/HIV clinics, and mental health/substance abuse sites.
4) Screen high-risk residents through STD/HIV specialty clinics. Pilot HCV testing at one clinic in early 2002 and expand to a second clinic by August.
5) Increase rates of immunization against hepatitis A and B by working in existing immunization and STD settings through the CDPH and by referring community agencies to immunization resources.
6) Identify & improve coordination of services for HCV infected residents by developing a standard referral form and developing relationships with medical services for HCV.
7) Increase outreach & education regarding HCV to create a greater awareness of hepatitis among Chicago residents, health care providers & outreach workers, and community organizations.
8) Provide support for HCV activities in community agencies by:

- Providing written materials relating to HCV testing, education, and follow-up resources
- Training regarding HCV
- Educational materials
- Technical assistance
- Collaboration

South Carolina

Program Contact: Robert T Ball
BALLRT@COLUMB60.DHEC.STATE.SC.US

* Since 1997 there has been a Chronic Viral Hepatitis B & C Surveillance Program, beginning with a passive registry, now expanded to include over 10,000 cases of SC's estimated 50-70,000 persons with chronic hepatitis C. The database, maintained by part-time staff, includes most of the items found on CDC's chronic hepatitis C case report form and results in semiannual reports useful for determining work and disease burden and in assisting program planning. However, most reports originate from laboratories that do not provide complete demographic, risk factor, or clinical data. Strong collaboration with local health departments in case ascertainment has been established, although there are no federal or state resources for full-time surveillance staff or active case finding.

* Since 1999 there has been a statewide voluntary SC Hepatitis C Coalition, now supported by the SC Department of Health and Environmental Control (DHEC) but funded independently via a private not-for-profit foundation. The Coalition is staffed by a part-time hourly coordinator, Mick Carnett, and provides a website (www.ahec.net/hepatitisC), email address (SCHepC@bigfoot.com), literature, numerous awareness & access services, a statewide Hepatitis C Physicians' Referral

List of providers, as well as frequent medical and support workshops/ in services for various private and public health providers. Their 3rd annual statewide Hepatitis C Conference will be held on Thursday, August 15 in Columbia, SC.

* In February 2002 DHEC initiated several Pilot Programs in local public health departments to provide hepatitis C counseling, testing, referral, & partner notification services (modeled on our HIV program). Nurses in HIV, STD, family planning, and maternity clinics have successfully integrated these services into existing programs without significant additional time or resources. The costs of the HCV EIA screening in our state public health lab are $10 each (RIBA/ bDNA confirmations are provided at no cost) and are supported by creative use of several public health and private grants and donations. Counseling of persons testing positive and referral for medical services and consideration for treatment has been successful because of the partnership of participating physicians and especially the efforts of the SC Hepatitis C Coalition.

CDC Division of Viral Hepatitis (DVH) Updates

Staff updates

Hal Margolis is back! Welcome to our newly named (and returning champion) Director of DVH, who is happy to back from his stint leading smallpox planning activities. Steve Hadler, who served valiantly as our Acting Director while Hal was otherwise occupied, has returned to the National Immunization Program. Thanks Steve!

Bruce Everett, who only recently joined our team as a new project officer, has already been wooed away to bioterrorism (BT) activity, accepting a permanent position with the National Pharmaceutical Stockpile group. Bruce, if all of the CDC BT activities get pulled to Washington, and you want to stay in Atlanta, we'd love to have you back. In the meantime, good luck with your new assignment. **Doug Thoroughman**, our IHS Project Officer, sadly for us, is also joining the BT fight. He hates to leave his hepatitis work with American Indians and Albuquerque, but the need for family support closer by has won out and he will be moving to Kentucky to serve with the State Health Department BT team. He will be sorely missed by both his IHS, VHIP, and CDC DVH colleagues.

Another of our project officers, **Dallas Miller**, has been asked by the CDC HIV program director's office to assist them with important liaison activities for the next 3 months. **Tracy Badsgard**, our senior project officer, will be covering for Dallas while he's away, and has taken over some of Bruce's projects. Bravo to Tracy for stepping in to cover!

Maureen Fonseca, our current PHPS fellow working on program evaluation for the VHIPS, will be moving to San Diego for a 2 year assignment in August, working with Steve Waterman on infectious disease issues, including (of course) viral hepatitis.

And finally, **Dick Conlon**, our fearless Deputy Division Director, is retiring, much to our dismay. His last day is July 3, so we wish him all the best.

HCV Testing – Sample/cutoff

In follow up to the February 2002 meeting in Atlanta (highlights of which were shared at our April Partners Meeting by Wendi Kuhnert), CDC staff will be hosting a meeting with the FDA, laboratory experts and others in early July to further address recommendations to use the sample-to-cutoff ratio of the screening anti-HCV EIA tests to streamline and economize testing clients for evidence of HCV infection. We'll keep you posted on the outcome.

April Partners' Meeting Evaluations

Our Hepatitis Partners' Conference was held this year on April 7-10, 2002, in Decatur, Georgia. There were approximately 152 attendees. It began Sunday with broad overviews of hepatitis A-C, serology, integration projects, education & training projects and the ELC funded coordinators. Dr. Hal Margolis welcomed everyone and Dr. Steve Hadler delivered the opening plenary on the Viral Hepatitis National Strategy.

Selected VHIP representatives shared new and continuing aspects of their projects, as did VHET (Viral Hepatitis Education and Training) representatives, and CDC staff gave updates on laboratory testing, surveillance, trends in hepatitis incidence, and treatment issues.

A series of successful workshops included:

Training for Health Professionals
Participants learned about available websites and other valuable resources. Examples of successes and failures were shared.

Chronic Hepatitis B/C Surveillance
CDC DVH staff and staff from Minnesota reviewed elements and challenges of chronic hepatitis surveillance.

Integration into Correctional Settings
This workshop led to discussion of jail culture and dealing with barriers in these settings. Participants discussed key issues, including data management and cost benefit information.

Evaluation/Data Systems/Tracking
Participants heard what some health departments are doing to track and evaluate activities. Sample forms and the data collection processes (including the flow of data, its collection and, in some cases, breakdown of the process) were shared. There was a database demonstration by NYC.

Outreach to Native American, African American, Hispanic Populations
Participants gained an in-depth look at "real world" examples of culturally appropriate programs that work. They heard from different minorities and learned current strategies.

Vaccines for Adults
Glen Koops clarified use of 317 funds for purchase of vaccine.

Treatment, Case Management, Resources for Chronically Infected
Dr. Willie Bower (CDC) shared further insights into treatment issues for persons with chronic hepatitis infection. Alison Goldstein (Multnomah County, OR) shared valuable information on what can be accomplished with case management. Robert Ball (SC) shared how client services are working in South Carolina.

There were also workshops on integration in STD and HIV programs, settings that serve IDUs and integrating counseling messages.

On Wednesday, groups broke up according to their administrative funding mechanism:

ELC Hepatitis Coordinators
This workshop clarified expectations of the Coordinator. It provided tips for writing the applications and helped to redirect some participants' efforts and plans.

VHIP – Evaluation (refer to the comprehensive summary of this workshop after the overall summary)
Participants learned about expectations of evaluations. Tom Chapel shared the logic model (see appendix A) and framework for evaluation approach, which many found beneficial. Discussion of different challenges and approaches experienced by states in planning and implementing evaluation was helpful.

Overall summary: a majority deemed it an excellent conference; over a third said it was good. Many claimed it provided a great deal of information from many people in a short period of time- "it was focused and productive". "The networking and sharing

of information were the best!" Many appreciated grant guidance, updates from CDC, VHET, VHIP and opportunities to learn and share.

Thanks to all who participated and contributed to a successful conference. We look forward to seeing everybody at the January meeting.

Program Evaluation Workshop - VHIPs

Contact: Fonseca, Maureen
Mfonseca@cdc.gov

Is integration in fact FEASIBLE and EFFECTIVE? VHIPS were reminded that there is a critical need for evaluation as a way to provide evidence base to garner needed resources.

Tom Chapel introduced the logic model as an evaluation tool and guided the VHIPs in assessing their evaluation readiness.

Key Points Covered:

1) Logic model: a graphical representation of VHIPs comprised of the following elements: inputs, activities and effects (see Appendix A).
2) Suggestions for conducting an effective evaluation:
a) Engage stakeholders from the onset (e.g., HIV, immunization, CBOs)
b) Review your VHIP- are you asking the "right" questions and can you answer (measure) them?
c) Establish indicators. Define your denominators (e.g., who is actually "eligible" for vaccine)

To measure these indicators use:
a) Available data; build on existing data
b) Identify opportunities (e.g., STD, HIV, NNDSS [National Notifiable Diseases Surveillance System])

3) Potential DATA SOURCES:
Use: Sampling methods, risk assessment forms, flow charts and any other data entered.

Examples of potential data sources

For a) "Clients are vaccinated"- use: a Health Info site database (so that one can do a query) or a vaccine database.
b) "Clients are tested for hepatitis C"- potential data sources were: lab data and linking it to a bar code label (that in turn would be linked to the client's risk assessment).

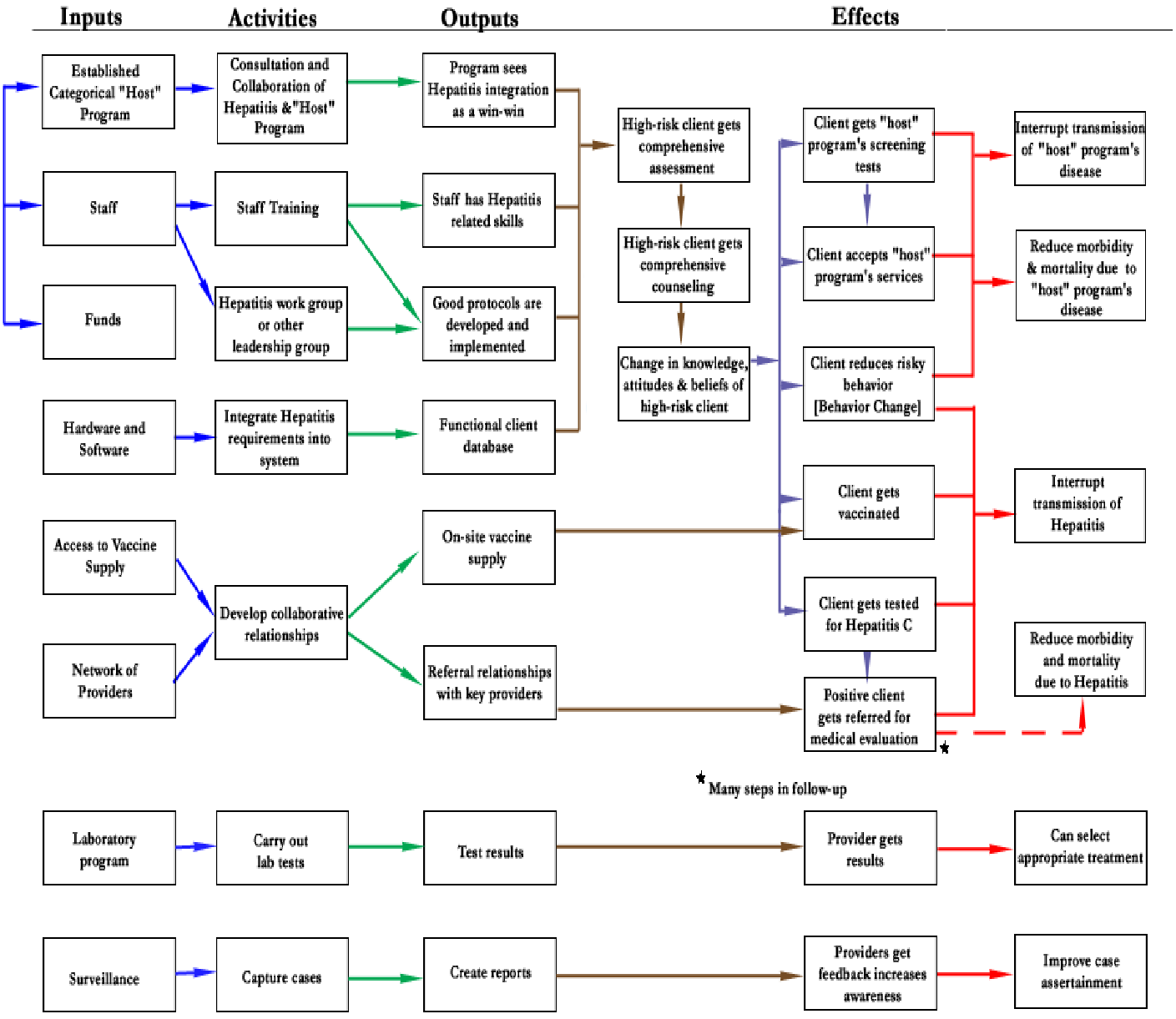
4) Suggestions: conference calls, listservs to share ideas, tools and data base resources.

It is important to maintain the ideal endpoint of reduced mortality and morbidity- though current resources and support may not allow this long-term outcome measure in the near future.

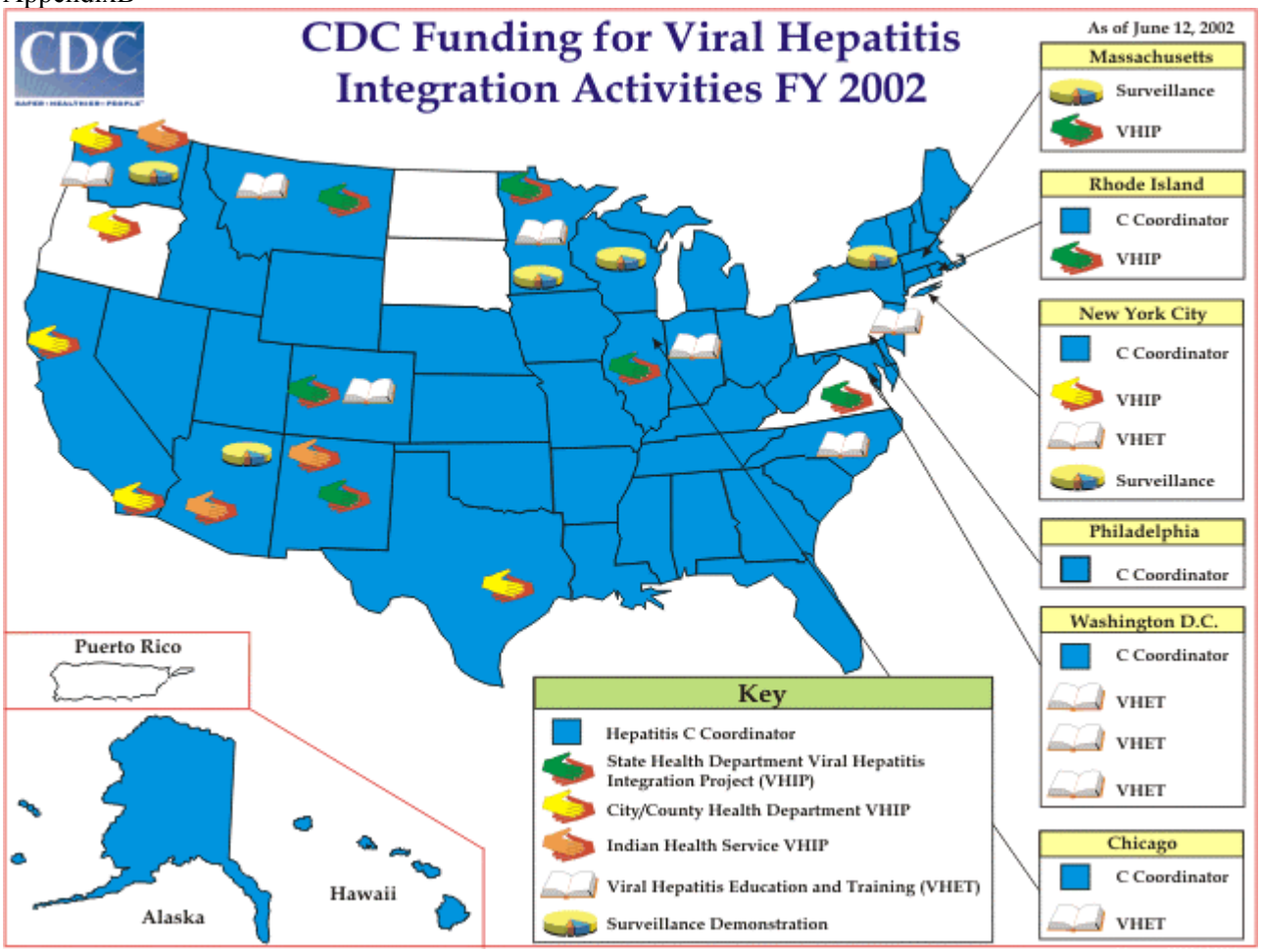
Hepatitis Coordinators' Meeting (the BIG one), San Antonio, TX, January 27-30, 2003. Abstracts have been received and the planning committee is already meeting to create a great meeting agenda. Hopefully, you've already saved these dates, but considering penciling in the 31st as well for a possible post-conference workshop on program evaluation. After the successful workshop for VHIPs in Decatur in April, Tom Chapel has agreed to facilitate "Hepatitis Integration Program Evaluation: the Next Steps", and we will be inviting some of the VHIPs to share their evaluation experiences with others. More later on this.

APPENDIX A (thanks to T Chapel, M Fonseca , J Powell)

VHIP Roadmap/Logic Model: Lines and Arrows Format



AppendixB


CDC
CDC Funding for Viral Hepatitis Integration Activities FY 2002
As of June 12, 2002
Massachusetts
Surveillance
VHIP
Rhode Island
C Coordinator
VHIP
New York City
C Coordinator
VHIP
VHET
Surveillance
Philadelphia
C Coordinator
Washington D.C.
C Coordinator
VHET
VHET
VHET
Chicago
C Coordinator
VHET
Puerto Rico
Alaska
Hawaii
Key
Hepatitis C Coordinator
State Health Department Viral Hepatitis Integration Project (VHIP)
City/County Health Department VHIP
Indian Health Service VHIP
Viral Hepatitis Education and Training (VHET)
Surveillance Demonstration